



# Claim for Death Benefits

## Federal Employees' Group Life Insurance Program



(You should *not* use this form to claim Option C-Family Benefits. Please use form FE-6 DEP to claim those benefits.)

### Instructions to claimant

#### General

Please read these instructions carefully, and type or print in ink.

**If you need assistance** in completing this claim, contact the deceased's last employing office, or the Office of Federal Employees' Group Life Insurance (OFEGLI), 200 Park Avenue, New York, NY 10166-0188. You may call the OFEGLI service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542) or (212) 578-2975.

OFEGLI needs the information requested on this form to adjudicate your claim for benefits under the Federal Employees' Group Life Insurance Program as authorized by chapter 87, title 5, U.S. Code. Interest payments are considered income for Federal income tax purposes. Interest will be reported to the Internal Revenue Service in accordance with the provisions of Sections 6041 and 6042 of the Internal Revenue Code of 1954. Provision of the information is voluntary; however, failure to supply all of the requested information may delay or prevent action on your claim.

#### Order of payment

OFEGLI will pay applicable benefits as follows:

If the deceased assigned ownership of his/her insurance, then

First, to the beneficiary(ies) designated by the deceased's assignee(s), if any;

Second, if there is no such beneficiary, to the insured's assignee(s), if any.

If the deceased did *not* assign ownership and there *is* a valid court order on file, OFEGLI will pay benefits in accordance with that court order.

If the deceased did *not* assign ownership and there is *no* valid court order on file, then

First, to the beneficiary(ies) designated by the deceased;

Second, if there is no such beneficiary(ies), to the widow or widower of the deceased;

Third, if none of the above, to the child or children of the deceased, with the share of any deceased child distributed among descendants of that child;

Fourth, if none of the above, to the parents of the deceased in equal shares, or the entire amount to the surviving parent;

Fifth, if none of the above, to the executor or administrator of the deceased's estate;

Sixth, if none of the above, to the other next of kin of the deceased entitled under the laws of the domicile of the deceased at the time of death.

#### Completion of the claim

Each claimant must submit a separate claim form.

All claimants must answer Part A. If the insured designated you on Standard Form 2823 (formerly Standard Form 54) as a beneficiary, you need not answer Parts B through E. Otherwise, it is important to answer all questions. Omissions or incomplete answers will delay settlement of your claim. If the answer to any question is "No" or "None," so state. Be sure to fill out the information under Special Note on page 2 and complete Part F on page 4.

#### Evidence required

**You must submit with this claim a certified copy of the death certificate that contains the cause and manner of death.** You may obtain the certificate from the Bureau of Vital Statistics or equivalent agency. Failure to submit a certified copy of the death certificate will delay settlement of your claim. In addition, if the deceased designated a beneficiary and a receipted copy of either Standard Form 2823 or Standard Form 54 "Designation of Beneficiary" is available, you should submit the receipted copy with your claim.

If an executor or administrator is filing this claim on behalf of the estate of the deceased, you must submit a copy of the court appointment papers.

OFEGLI will let you know if you need to submit other evidence.

#### Manner of payment

If the amount payable to you is less than \$7,500, OFEGLI will send you a single check for the entire amount.

If the amount payable to you is \$7,500 or more, OFEGLI will open a Money Market Option Account in your name. You will receive a checkbook giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money in your account beginning the first day you receive your checkbook. The Money Market Option Account offers a number of benefits which are explained on page 2.

### Where to send the claim

#### If the deceased was employed at the time of death

Send your completed claim to the deceased's employing office. That office must certify the deceased's insurance status at the time of death.

#### If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death

Send your completed claim to OFEGLI, 200 Park Avenue, New York, NY 10166-0188.

OFEGLI will adjudicate your claim upon receipt of insurance certification from the Office of Personnel Management.

### Instructions to the employing agency

It is the agency's responsibility to assist the deceased's beneficiary or next of kin in properly completing this claim. The agency should forward the completed claim and all required supporting evidence to OFEGLI, 200 Park Avenue, New York, NY 10166-0188, together with:

1. The original of the Agency Certification of Insurance Status (SF 2821);
2. The original of all Designation of Beneficiary forms (SF 2823 or SF 54), if any;
3. All court orders on file, if any;
4. Any other documents (except payroll records) bearing on the deceased employee's insurance status.

# IMPORTANT INFORMATION ABOUT MONEY MARKET OPTION ACCOUNTS

Designed to put *you* in complete control of your life insurance proceeds.

Money Market Option Accounts provide . . .

## SAFETY

- The account earns interest from the first day it is established.
- The full amount, including all interest earned, is guaranteed.

## COST-FREE CHECKING

- You pay nothing for this Account. There are no monthly service charges. No charge for checks.
- You can write checks from \$250 up to the full amount of your proceeds at any time.

## FLEXIBILITY

- You can withdraw all or part of your money at any time, with no penalty or loss of interest.
- You can name a beneficiary for your funds, in case something happens to you.

## YOUR MONEY MARKET OPTION ACCOUNT GIVES YOU:

**Safety • Security • Privacy • Flexibility • Free Checking**

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# SPECIAL NOTE

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**PLEASE BE SURE TO COMPLETE, IN INK, THE  
INFORMATION REQUESTED BELOW AND SIGN YOUR  
NAME IN THE APPROPRIATE BOX.**

Your signature ( <i>Do not print</i> )											
Your name ( <i>Please print</i> )											
Address ( <i>Number, street, apt. no.</i> )											
City, state, ZIP code											
Your Social Security Number <b>OR</b> Employer identification number				—			—				
				—			—				
Date ( <i>mm/dd/yyyy</i> )	Daytime telephone no.  (       ) Area Code					Evening telephone no.  (       ) Area Code					

<b>Office of Federal Employees’ Group Life Insurance</b> 200 Park Avenue New York, NY 10166-0188		<h2 style="margin: 0;">Claim for Death Benefits</h2> <p style="margin: 0;">Federal Employees’ Group Life Insurance Program</p>	Read the instructions carefully before filling out this form.
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### Part A. General Information About the Deceased

1. Full name of the deceased (Last) (First) (Middle)		2. Date of birth (mm/dd/yyyy)	3. Date of death (mm/dd/yyyy)
4. Social Security Number		5. Legal residence at time of death—(City and state)	
6. Department or agency in which last employed, including bureau or division		7. Location of last employment (City, state, ZIP code)	
8. At the time of death was the deceased:  (a) Retired and receiving annuity under any Federal civilian retirement system ? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			Claim number (CSA, CSF, CSI)
(b) Receiving Workers’ Compensation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			Effective date of Workers’ Compensation benefits (mm/dd/yyyy)
<b>If the deceased named you as beneficiary on a Designation of Beneficiary form under the Federal Employees’ Group Life Insurance Program (Standard Form 2823 or Standard Form 54), attach a copy of the form that has the agency or retirement system’s receipt date on the bottom. Please indicate your date of birth and relationship in the boxes to the right, and complete Part F on the other side. If you do not attach either Standard Form 2823 or Standard Form 54, you must complete all parts of this claim form.</b>			Your date of birth (mm/dd/yyyy)
			Relationship to the deceased

### Part B. Personal Information Concerning the Deceased

1. How many times was the deceased married?	3. Give the name of each spouse (include all marriages)	4. How was marriage terminated? (Check one in each case)	5. Date marriage was terminated (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
2. Was the deceased survived by any children?		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

### Part C. Information Concerning the Claimant

1. Your name (Last) (First) (Middle)		2. Your relationship to the deceased	3. Your date of birth (mm/dd/yyyy)
<b>Items 4 through 13 must be filled in if you are the widow or widower of the deceased.</b>			
4. Date of marriage (mm/dd/yyyy)	5. Place of marriage (City and State)		6. Marriage was performed by:
			<input type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (specify)
7. Were you living with the deceased at the time of death?	8. If you were not living with the deceased at the time of death, was there a divorce?	9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. How many times were you married?	11. Give the name of each spouse (include all marriages)	12. How was marriage terminated? (Check one in each case)	13. Date marriage was terminated (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

(continued on the other side)

**Fill in Parts D and E only if you are not the designated beneficiary or the widow or widower of the deceased.**

## Part D. Information Concerning Next of Kin of the Deceased

1. List below the name, age, relationship, and address of:

- (a) Widow or widower;
- (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (include adopted or illegitimate children, stating relationship) and the descendants of any deceased child or children;

- (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;
- (d) If there are no survivors as indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

Name	Age	Relationship to the deceased	Full address

**Fill in items 2 and 3 only if any of the persons listed above are under age 18.**

2. If a guardian has been appointed by the court for the estate of any minor children above, give the name and address of the guardian and attach a copy of the appointment papers issued by the court. **Natural parentage or custody as a result of a divorce does not constitute guardianship.**

Name
Address ( <i>Number, street, apt. no.</i> )
City, state, ZIP code

3. If a guardian for the estate of any minor children has not been appointed, will one be appointed?

☐ Yes ☐ No

## Part E. Information Concerning the Estate of the Deceased

1. If an executor or administrator has been appointed by the court to settle the estate of the deceased, give his/her name and address and attach a copy of the court appointment papers.

Name
Address ( <i>Number, street, apt. no.</i> )
City, state, ZIP code

2. If an executor or administrator has not been appointed, will one be appointed?

☐ Yes ☐ No

## Part F. Certification by the Claimant

Are you claiming accidental means death benefits (injuries sustained solely through violent, external, and accidental means)? If "Yes", submit coroner's and police reports, news clippings, and any other available reports concerning the accident.

OFEGLI cannot consider a claim for such benefits if the date of the deceased's separation or retirement is prior to the date injuries were sustained which caused the death of the deceased.

☐ Yes ☐ No

<b>Backup Withholding</b>	Has the IRS notified you that you are subject to backup withholding as a result of a failure to report all interest or dividends?
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☐ Yes ☐ No

**If the amount payable to you is less than \$7,500, OFEGI will issue payment by a single check.**

Please be sure to also complete the information requested on page 2 under “Special Note”

Date (mm/dd/yyyy)

**If the amount payable to you is \$7,500 or more, OFEGLI will open a Money Market Option Account—as described on page 2—in your name, giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money in your Account when you receive your checkbook.**

\_\_\_\_\_  
Your signature (*Do not print*)

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Your name (*Please print*)

I hereby certify under the penalties of perjury that all statements made in this claim are true, correct and complete to the best of my knowledge, information, and belief, and that no evidence necessary to settle this claim is suppressed or withheld.

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Address (*Number, street, apt. no.*)

City, state, ZIP code

Your Social Security Number <b>OR</b> Employer identification number				-		-			
				-		-			

Daytime telephone no. (            ) Area Code	Evening telephone no. (            ) Area Code
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**Warning**—Any materially false, fictitious or fraudulent statement or representation which is knowingly and willfully made or any concealment of a material fact which is related to the requests for information required herein is punishable under 18 U.S.C. Statute 1001 by a monetary fine or imprisonment for not more than five years, or both.